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PTO/SB/83 (05-03)

Approved for use through 11/30/2005. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT</b>	Application Number	10/660,737
	Filing Date	September 12, 2003
	First Named Inventor	Michael Z. Martin
	Art Unit	Not yet assigned
	Examiner Name	Not yet assigned
	Attorney Docket Number	544332000400

Commissioner for Patents  
To: P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

**Application is being transferred to another attorney.**

This request is being made at the request of the assignee, **Armadillo Pharmaceuticals, Inc.**

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☐ Change the correspondence address and direct all future correspondence to:

**CORRESPONDENCE ADDRESS**

☐ Customer Number  →

OR

<input checked="" type="checkbox"/> Firm or Individual Name	James Remenick (Powell Goldstein LLP)				
Address	901 New York Avenue, NW Third Floor				
City	Washington	State	DC	Zip	20001-4413
Country	USA				
Telephone	(202)347-0066			Fax	(202) 624-7222

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record,
  - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
  - ☒ the attorneys/agents associated with Customer Number

This request is enclosed in **triplicate** (including any attachments).

Name

Signature

Date

*NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.*

I hereby certify that this correspondence, is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated:  Signature:  (Chimin Taylor)



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This request is enclosed in **triplicate** (including any attachments).

Name **Wayne C. Jaeschke, Jr. Registration No. 38,503**

Signature

Date **January 28, 2005**

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Dated: **1/28/05** Signature: (Chlmin Taylor)



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Dated: 1/28/05 Signature: (Chimin Taylor)